NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

Annual Report for the year ending Dec. 31, 1981

The Honourable Gerald Sheehy

Minister in Charge of the Administration of the
Drug Dependency Act

Province of Nova Scotia

On behalf of the Nova Scotia Commission on Drug Dependency, I am pleased to present the Annual Report of the Commission for the year ending December 31, 1981.

This report reflects the program activities of the Commission's central office and the four regions of the province where the Commission has a range of services dealing with the problem of drug dependency. It also includes a report of activities of Commission colleagues, who provide services through the Valley Health Services Association in the counties of Hants, Kings and Annapolis.

Again this year, the report shows the high level of commitment by our Executive Director, Mr. Marvin Burke, and his staff in dealing with the province's major social problem — drug dependency.

Our Commission has, during the past year, grown in stature. I can report from my own experience that the Nova Scotia Commission is regarded as one of the leaders in our field in Canada.

During my attendance of the annual meeting of the Canadian Addictions Foundation in St. John's, Newfoundland, in July, it was clearly evident that Nova Scotia is looked to for leadership and innovative ideas. This was clearly indicated by the election of our Industrial Division Coordinator, Mr. Ed Fitzpatrick to the position of Vice-President.

Not only on a national scale is the Commission recognized as a leader, but also internationally, evidenced by our Executive Director being invited to give a paper at a Conference in Israel in September.

Drug Awareness Week in November was again an event which gave the Commission opportunity to lead. We suggested to our sister provinces of New Brunswick, Prince Edward Island and Newfoundland that we unite to inform our populations of the perils of drug dependency, and, I am happy to report, the week was a great success in the four Atlantic Provinces.

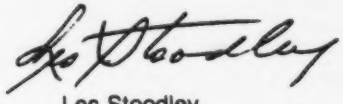
The Commission was fortunate again during the past year to have the support of many volunteers across the province who served on local committees and regional boards, adding the "grass-roots" ex-

pertise which is so significant to our growth and development. We have worked closely with the self-help organizations in Nova Scotia to aid those who suffer. Our cooperation with Alcoholics Anonymous, Alanon and Alateen has helped many find their way back to society.

The Commission is grateful for the consideration given by government of a Rehabilitation Tax, and feels that the establishment of such a measure by the Legislative Assembly would assure the funding necessary to continue and develop new programs for the drug-dependent Nova Scotian.

Much needs to be done even after a decade of service by the Commission. We are confident we have the leadership and staff to deal with the realities facing us. We look forward to more growth and the challenge ahead.

Respectfully submitted,



Les Stoodley
Chairman

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COMMISSION, REGIONAL BOARDS, STAFF, AND LOCAL COMMITTEES

Nova Scotia Commission on Drug Dependency Board

Les Stoodley — Chairman
Halifax

Ken Lowe, B. Th. — Vice-Chairman
Digby

Edwin G. Belzer, Ph.D.
Halifax

Fr. Vern Boutilier, A.C.S.W.
Sydney

Fr. John Graham, B.A.
Reserve Mines

Jean Gray, M.D., F.R.C.T. (C)
Halifax

F. James MacLeod, B.Sc. (Pharm.)
Yarmouth

Jack Phinney
Middleton

Hector Porter, B.A., L.L.B.
Halifax

Kenneth C. Smith, M.Sc.
Truro

Orest Ulan, B.A.
Halifax

David Waterbury, Q.C.
Kentville

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Carol Ann Amaratunga, Ph.D.
Coordinator, Human Resources

Edward T. Fitzpatrick, B.A.
Coordinator, Industrial Programs

Brigitte Neumann, M.A.
Coordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Richard McConnell, M.A.
Supervisor, Training Programs

Harry Roberts
Supervisor, Special Services

Brian Wilbur, M.Ed.
Supervisor, School Services

Eleanor (Suzi) Cardoza, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Cape Breton Regional Advisory Board

Fr. John Graham, B.A. — Chairman
Reserve Mines

Albert Prossin, M.A., M.D., C.M., C.C.F.D. — Vice-Chairman
Westmount

Sr. John Bosco, B.Sc., Ph.D.
Glace Bay

Martin Brennan, M.D.
Glace Bay

Napolean Chaisson, B.A., B.Ed.
Cheticamp

Joan Elman
Sydney

Rev. Melvin Findlay
Sydney

Lee M. Fuller
Orangedale

Jack Hicks, B.A., B.D.
St. Peters'

Rev. Hugh D. MacDonald, B.A.
Inverness

Mary MacIsaac, R.N.
North Sydney

Kathleen MacLeod
South Haven

William Mullins
Sydney

Kenneth Murray, M.D.
Neil's Harbour

Wilfred Prosper
East Bay

Rev. Duncan E. Roach
New Waterford

Fr. John Webb, M.S.W.
Sydney

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Coordinator

Claire Nyiti, M.S.W.
Manager, Treatment Services

Stanley MacDougall, M.S.W.
Field Representative, Industrial Program

Allister MacRae
Field Representative, Human Resources

Ruth Harvey Morrison, B.Sc. (Honors)
Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager

Dorothy Morrison, R.N.
Head Nurse

Rev. Bernard MacDonald
Director, Talbot House

North Shore Regional Advisory Board

Ken Smith, M.Sc. — Chairman
Truro

Warren Chipman — Vice-Chairman
New Glasgow

Stan Chisholm
Stellarton

Nellie Crowe, R.N.
Truro

Fr. Kyte Gillis, B.A., B.Ed., S.Th.B.
Pictou

Thomas W. Kindervater
Truro

Howard Locke, B.A., M.D., C.M.
New Glasgow

David E. Mason
Truro

Stillman S. Smith, B.Sc., B.Ed.
Antigonish

Muriel Sutherland
Truro

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Coordinator

Kevin MacPherson, M.A., B.S.Th.
Field Representative

David J. Macdonald, B.A.
Research Assistant

Gordon Thompson
Accountant/Office Manager

Betty Wilsack, R.N.
Head Nurse

Metropolitan/Lunenburg Regional Advisory Board

Orest Ulan, B.A. — Chairman
Halifax

Hope Beanlands, R.N., B.N.
Halifax

Clarence Briggs
Halifax

Robie Chipman
Bridgewater

Richard Flewwelling
Musquodoboit Harbour

Rev. Rod MacCauley
Halifax

James J. Magee
Halifax

Betty McEachern
Sackville

Doris McGrath
Halifax

William G. Middleton, M.S.W.
Bridgewater

Phyllis Murray
Halifax

Rev. Cal Pretty
Halifax

Neville Robinson, M.D.
Dartmouth

Cyril Sampson
Halifax

Sam Waye
Head of Jeddore

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Coordinator

Paul Girard, M.S.W.
Manager, Treatment Services

Samuel Rendell
Field Representative

Brenda Ryan, B.A., M.B.A.
Research Assistant

Chris Cassell
Accountant/Office Manager

Ann Beaton, R.N.
Head Nurse

Valley Health Services Association Advisory Board

Jack Phinney Nictaux West	Chairman
David Johnson Port Williams	
Dr. James Rafferty New Minas	
Norah Woodworth Kings County	

Valley Health Services Association
The Alcoholism Program Advisory Council

Paul Fraser New Minas	Chairman
Jack Phinney Nictaux West	Vice-Chairman
George Beals Middleton	
Rev. Harold Cox Middleton	
Gaston d'Entremont Centerville	
Bertram Frizell Windsor	
Roy Hazel Canning	
Dr. George Kenny Windsor	
Edna Moran New Minas	
Peter Mosher Kentville	
Lloyd Murray Centreville	
John Thompson Middleton	
Dr. F. Waldo Walsh Berwick	

David Waterbury
Kentville

Cyril White
Kentville

Dr. M.G. Worthylake
Kentville

Valley Health Services Association Staff

Gaston d'Entremont
Regional Coordinator

Gail Wilson, R.N.
Unit Coordinator

Anne Lewis
Coordinator of Education and Prevention

Brian Hernon
Field Representative

Evelyn Deneau
Family Therapist

Iva Gale
Community Health Worker (Middleton)

Reg Brown
Community Health Worker (Windsor)

Western Regional Advisory Board

F. James MacLeod, B.Sc. (Pharm.) — Chairman
Yarmouth

Sandra Noah, R.N. — Vice-Chairman
Salmon River

Rev. George Bell, B.Th., C.D.
Smith's Cove

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Annie Hagen
Hunts Point

Freda Judge
Yarmouth

Phillip Landry
Amirault's Hill

Ken Lowe, B.Th.
Digby

J. Gerard MacEachern, B.Comm.
Yarmouth

C.W. MacNeil, B.Sc., M.D., C.C.F.P.
Yarmouth

Fr. Leo Maillet, B.A.
Digby

Alexander E. McCabe
Shelburne

Robert McConnell
Liverpool

Denise Samson
Meteghan

Western Regional Staff

David Cassidy, M.S.W.
Regional Co-ordinator

Earl Ward, B.A., S.T.M.
Field Representative

Louis Comeau, B.A.
Research Assistant

Robert Sharrow, B.A. (Hons.)
Post Graduate Diploma in Clinical Behavioral Sciences
Co-ordinator
Queen's County Referral Centre

Local Committees

Local committees function as voluntary groups in association with regional boards, and thus the Commission, in delivering education and prevention programs at local levels.

They represent towns, villages and areas within regions and, in effect, are the very foundation upon which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet such needs. These committees receive ongoing funding from regional boards for local education and prevention programs. Each has on hand literature and information for distribution within its area. Some 400-500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

CAPE BRETON REGION

Baddeck
Cheticamp
Glace Bay
Inverness
Isle Madame-Louisdale
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
St. Peters'
Sydney
Sydney Mines
Port Hood/Judique

NORTH SHORE REGION

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

VALLEY REGION

All committees are in the process of reorganizing.

WESTERN REGION

Clare
Digby
Queens
Shelburne
Yarmouth
Argyle
Barrington

METROPOLITAN/LUNENBURG REGION

Bridgewater
New Ross
Eastern Shore

AN OVERVIEW OF 1981

Message From The Executive Director

During 1981, the Nova Scotia Commission on Drug Dependency commissioned an independent study of its detoxification program in order to assess the degree of patient linkage with other services within the Commission. As well, the relapse rate was measured and an assessment was done to measure the effect of increased detoxification experiences on the likelihood of follow-up.

The study, done by Dr. Alex Richman, a National Health Scientist and Epidemiologist in the Department of Psychiatry, Dalhousie University Medical School, showed that the Commission's relapse rate was the lowest found in the literature — at 31 percent. Dr. Richman also noted that 69 percent did not have to come back for additional detoxification during the twelve months following detoxification.

Dr. Richman's study comprised 3,200 cases, one of the largest ever done and reviewed the degree to which patients use other services in the Commission. Dr. Richman's results showed that 31 percent of patients attending detoxification programs of the Commission were linked with services for follow-up. He noted that this is a high rate and compared very favorably to results found in studies in other provinces and elsewhere in the world.

The Commission's policy of referring all patients to the programs of self-help groups such as Alcoholics Anonymous, Al-Anon, Alateen, has evidently had an impact on these organizations. The forward to the study notes the significant increase in Alcoholics Anonymous groups and membership in the province from the time of inception of the Commission programs. The overall results suggest that the Commission is successful in linking patients with follow-up and aftercare programs.

In another part of the study, Dr. Richman notes that there are two aspects of service that should be considered for modification. Interestingly enough, this echoes the recommendations in New Directions (Burke, 1979), prepared by the Commission and dealing with all program elements. Dr. Richman notes that outpatient services seem to be as successful as inpatient aftercare, and, he suggests a pilot study in providing such programs on a day-care basis. In addition, Dr. Richman points out the need to work with the chronically relapsing person who the Commission perceives as part of a very small but active caseload. Dr. Richman recommends an intensive inpatient program much like that which was recommended in New Directions. As a result of this study, Commission policy planners are looking at the

possible initiation of pilots in both day-care and an intensive inpatient program.

During 1981, efforts were made by the Commission to further define the impact that a rehabilitation tax on the sale of beverage alcohol would have on Commission budgets, and recommendations have been made to government. These recommendations are now under consideration.

Following the publication of New Directions, the Commission has redefined its treatment and rehabilitation program with a view to providing a clearer definition to the various component parts. The term "primary care" is now utilized to describe a combination of services including detoxification, comprehensive assessment or diagnosis, and a short five-day period during which the patient has an opportunity to receive an intensive educational experience to help him or her become interested in further treatment on either an inpatient or outpatient basis. The key to helping the person to get in touch with aftercare services is to offer the kind of information that he or she can use to make a positive decision.

During 1981, Commission treatment centers noted an increase in the number of people coming for help who had both alcohol and other drug dependencies. There has also been some increase in the number of people who come for assistance with a dependency on minor tranquillizers. The increase in this latter group has placed the Commission facilities in a bind because while alcohol detoxification takes from three to five days, detoxification for benzodiazepines (i.e., minor tranquillizers) can often require as long as eight weeks of inpatient primary care.

Drug Awareness Week in 1981 was a success, with the provinces of Newfoundland, New Brunswick and Prince Edward Island joining Nova Scotia to participate in this week-long program. All provinces felt that the exposure to the community was greatly increased. It is hoped that the other provinces will adopt this very important event so that in the near future Drug Awareness Week can become a national program.

During 1981, our communities were bombarded with new expressions describing ways to work and live with our young people. "Tough Love" and other such catch phrases were used to suggest the manner in which parents and adults could work with the young person in the family and community. Although the community may perceive the chemical substance abuse problem as one belonging only to the

young, in reality, alcoholism and other drug dependencies are a family problem. Our efforts to work with young people are enhanced when we work directly with them; they can be made even more effective if we include the entire family. It is within the family that our young learn how to respond to such things as stress, anger, fear, love and crises. It is within this group, then, that our efforts must be directed to have an impact on family life, coping, and human growth and development in general. The young people of yesterday are today's parents and their children of today will lead the families of tomorrow. We cannot compartmentalize or fragment our approaches to individuals and hope to have any impact. We must accept the importance of youth within our society and learn to reach them in some effective manner, providing them with new skills and methods of coping with life's problems.

In summary, 1981 was a very active year for the Nova Scotia Commission on Drug Dependency. The Commission continues to reach out to the citizens of Nova Scotia with messages that will reinforce positive lifestyles, and to offer treatment and rehabilitation services to those who have already fallen prey to the miseries of chemical substance abuse. Government provides resources and policies so that the work can go on.

Marvin M. Burke, R.S.W.

Executive Director

Industrial Division

Employee Assistance Programs in Nova Scotia were given a tremendous boost in 1981 as a result of the formation of the Nova Scotia Employee Assistance Program's Association. The Nova Scotia Commission on Drug Dependency, through its Industrial Division, was responsible for bringing together representatives from 41 areas of business, labor, industry, and government to form this new group. The Co-ordinator of the Industrial Division acts as the consultant to the group.

Membership in the Association is open to any person in Nova Scotia employed full- or part-time in an Employee Assistance Program at his or her work site. The main objective of the Association is to promote the development and implementation of effective measures of the reduction, control, and study of health behavioral problems among people employed in the private and public sectors of the province.

A large delegation from business and industry in Nova Scotia attended the Input '81, 4th Biennial Canadian Conference on Employee Assistance Programs and Alcohol and Addiction Problems in the Workforce, held in October in Ottawa. The Co-ordinator of the Industrial Division was the Atlantic regional representative on the National Program Committee for this conference. The Nova Scotia President described the Nova Scotia Employee Assistance Program Association to delegates, who showed much interest in the new organization.

The Industrial Division maintained its association with the Canadian Labour Congress Alcohol and Drug Policy Committee and continued to help them develop their national efforts on Employee Recovery Programs. The Division also participated in activities in Toronto and Sydney co-ordinated by the newly-formed Atlantic Foundation for Occupational and Environmental Health. These contacts with the Atlantic Foundation will be maintained.

Industrial Division staff across the province conducted training programs for supervisors and union stewards on Employee Assistance Programs. The day-long supervisory training sessions, developed by the Commission for business and industry, are still widely requested by all areas of the province.

A study conducted by the Maritime Telegraph and Telephone Company on its Employee Assistance Program indicated that the program has an 85 percent success rate. Success was measured in terms of

those employees who, after referral to treatment agencies, returned to their positions and displayed a satisfactory level of job performance improvement. The economic saving to this Company was considerable; however, the most important aspect of the program was the fact that employees and their families received help and were returned to good health.

The staff of the Industrial Division maintain a close contact with the Maritime Telegraph and Telephone Company and conduct ongoing training programs for its managers, supervisors and union officials from across the province. Maritime Telegraph and Telephone established a designated Coordinator who is the supervisor of their Medical Department and who has full responsibility for the operation of the program. This combination of Nova Scotia Commission on Drug Dependency staff and the Coordinator of Maritime Telegraph and Telephone has contributed greatly to the success of this program.

Early in 1981, staff of the Industrial Division helped the Nova Scotia Civil Service Commission, the Administration of the Victoria General Hospital and Nova Scotia Government Employees Union write their own policy and program on alcoholism and drug dependency rehabilitation. This policy, specifically designed for employees at the Victoria General Hospital, resulted from a recommendation of the Advisory Committee associated with the general policy of the Nova Scotia Civil Service Commission on alcoholism and drug dependency rehabilitation. The Occupational Health Department at the hospital plays the major role in this new program and should assure the program's success.

Documentation, Evaluation & Research

A major review of the management information needs of the Commission on Drug Dependency was conducted at the beginning of the year. Results were used to begin the development of a Service Delivery Information System, designed to replace current systems and to provide more reports useful to program managers.

This Division played a major role in the development and implementation of the Operational Information required to support the new budgeting process.

Contracted work included a major study of the Commission's detoxification services, with a view to analyzing repeated detox use and

likelihood of entry to rehabilitation programs. A survey to determine the effectiveness of Drug Awareness Week was also contracted out.

Plans for the coming year include implementing the Service Delivery Information System and developing an ongoing treatment outcome study.

Human Resources

The Human Resources Division is one of three central office divisions within the Nova Scotia Commission on Drug Dependency. It is composed of five service areas: library services, special services, school and youth services, staff training and development, and regional field representative services.

During 1981, the Human Resources Division continued its efforts to increase public awareness of hazardous drug use. Realizing the need for drug prevention and education programs, the Human Resource staff and volunteers attempted to motivate the public to take a more responsible, moderate approach to drug and alcohol use.

One of the major activity areas for 1981 was the Drug Awareness Week in Atlantic Canada, a community-based mass media campaign. For the first time, the addiction agencies of Newfoundland, Prince Edward Island, New Brunswick and Nova Scotia participated in a concurrent Drug Awareness Week campaign.

The Health Promotion Directorate, Health and Welfare Canada, was invited to cosponsor the alcohol component of the media campaign. The generous support of the Dialogue on Drinking Program was appreciated.

Drug Awareness Week in Nova Scotia was designed to make the citizens of Newfoundland, Nova Scotia, New Brunswick and Prince Edward Island aware of hazardous alcohol and drug use. The four provinces co-operated on several common program events. Plans were developed for simultaneous proclamations by the premiers of each province as well as for press releases, advertisements, coverage by television, radio, newspaper and other media, and many community projects in schools, churches and various community groups. Each provincial addiction agency planned community events that focused attention on the specific needs of its various communities.

Specific themes were highlighted during the week in each province. Many community programs, for example, focused on alcohol and drug

use in the school, at home, at the work place, on the highway, at social gatherings. The various citizen groups within the four Atlantic Provinces used mainly local resources to involve as many people as possible in the Drug Awareness Week campaign.

The Human Resources Division worked with St. Francis Xavier University and the Maritime Council for Training in the Addiction Field to bring the Core Knowledge in the Drug Field Program to fruition. In the spring of 1981, the three addiction agencies of the Maritime Provinces finished a fascinating co-operative pilot training project that was unique in Canada. A group of 300 addiction workers from the Maritimes received certificates in the Core Knowledge Education Program. Thirteen of these addiction staff also received a Diploma in Adult Education from St. Francis Xavier University as part of the Training of Trainers component of the program.

The design and implementation of this co-operative training program required a flexible approach. Subjects covered included historical aspects and current developments, overview of alcohol and drug problems in Canada, ethics and professional attitudes, law and social policy, economics and social costs, prevention, definitions and parameters of addictions, classification and symptomatology, etiology, treatment, pharmacology, and evaluation.

Overall, the core knowledge project was well received by most people. The project demonstrated the ability of training managers, facilitators and agency directors from different provinces to work together successfully. Eighty percent of the addiction workers who participated in the project stated that it was a positive and informative experience.

Training and Staff Development

Training is a specialized service of the Human Resources Division. In 1981, staff continued to participate in a number of skill development workshops.

The Training Division also offered its services to the community. Plans are now underway for a basic counselling skills workshop for Salvation Army personnel.

School Services

The Division offered curriculum development and support for school districts to implement suitable programs. This required the co-

operation of the Department of Education as well as an extensive in-service program.

A new material resource on drug law was developed with the barristers of the province. The text was completed and the field test is expected in 1982.

Drug Awareness Week provided a stimulus for an increase in school-related projects as teachers and local committees co-operated in developing local projects.

Approval for the new position of field representative to school services was received. The representative will pilot a concept of direct delivery of services to students, parents and throughout a school system.

Formation of a permanent committee for the joint development of programs and awareness strengthened the excellent communication between the Commission and Department of Education staff.

The first peer education program was implemented. Students at the senior high level were trained in drug knowledge and presentation skills. They are expected to give drug education lessons to junior high students, which will supplement lessons presented by the classroom teacher. The school board support was evident by its financial and staff support of the project.

New materials will continue to be field-tested to assess their worth and to provide a practical forum for the development of suitable resources for local participants (students, teachers, parents) in drug education.

Special Services

During the year, audio-visual services were provided as support material for presentations by Commission staff. Such services included the design and preparation of overhead transparencies, slide programs, videotape productions and technical equipment.

Many drug abuse information displays were prepared for the Metropolitan/Lunenburg Region.

Design mock-ups were created for the new booklet "Your Medicine and How to Use It Safely" (a guide for Senior Citizens) and for new pamphlets related to the Employee Assistance Program.

A special audio-visual production was prepared for presentation to Deputy Ministers on the Hay system.

Audio-visual aids were completed for the final Core Knowledge Training Seminars and for evaluation of the program.

Special Services was heavily involved with promotional aids for media and press coverage during the Commission's 1981 Drug Awareness Week Campaign. The Service coordinated a Drug Awareness Week Health Fair at the Maritime Mall, Halifax. Thirteen government and non-governmental agencies presented displays and exhibits on positive lifestyles and responsible attitudes towards drug and alcohol use.

As part of the Nova Scotia Commission on Drug Dependency exhibit, a computer drug program was set up in the Maritime Shopping Mall. This was the first time in Nova Scotia that a computer program had been designed for public participation to provide information on the use of hazardous drugs and alcohol. The program was developed in co-operation with the Maritime Telephone and Telegraph Company.

Library

The Library continued to play an active role in serving the needs of the Nova Scotia Commission on Drug Dependency and the community.

While its primary function lies in providing drug and alcohol-related resources for Commission staff, it also acts as an important information center for many individuals in the Halifax/Dartmouth area. It extends its services to students, educators, researchers, health professionals, social workers, as well as the general public. Maintenance of a close cooperation with other government libraries ensures a highly accurate and complete compilation of library information.

Among the most frequently used services is the distribution of pamphlet literature and audio-visual aids. From January to December 1981, films were loaned 535 times and 200,000 pamphlets were distributed throughout the province.

Human Resources Programs

Human Resources Planning, Travel and Program Time
By Region, January-December 1981

	No. of Man-hours			
Region	Planning	Travel	Program	Total
Cape Breton	793	639	1306	2738
Metropolitan/Lunenburg	679	313	1361	2353
North Shore	901	388	706	1995
Western	1020	1144	1722	3886

NOTE: Programs were delivered to such audiences as schools, school boards, Alcoholics Anonymous, Al-Anon, local committees, industry, adult groups, youth groups, guest homes, armed forces, Home & School Associations, women's groups, the medical profession, church groups, government, penitentiaries, the Mental Health Centre and clergy. Radio and television programs are also included.

Pharmacology

The Commission pharmacologist continued to advise on technical matters and to educate Commission staff and others. A major effort was made to review and update the Commission's information base on Benzodiazepine tranquillizers, such as Valium, Disulfiram (Antabuse) and on street drugs (with an emphasis on cannabis and recommendations anticipating the proposed changes in its legislation). The Commission pharmacologist prepared written reports on these and other topics that will be used to educate Commission staff and other professionals in the community.

The pharmacologist worked closely with the regional treatment standards committees (subcommittees of regional advisory boards). A review of the current withdrawal protocol for alcohol was begun during 1981 and will continue into 1982. These committees also prepared to deal with several major treatment issues during 1982, such as a review of standards for the use of Disulfiram (Antabuse) and formalization of a provincial treatment protocol for Benzodiazepine tranquillizers.

A resurgence in the availability of LSD and, to a lesser extent, amphetamines (speed) occurred during 1981. This pattern was observed

throughout Canada. After alcohol, cannabis products are still the most frequently-used illegal drug. A new trend is developing in the United States that is beginning to appear in the Atlantic region: diverted prescription drugs (especially opiates, sedative hypnotics and amphetamine-like pills) are found on the street more frequently and in greater quantities than in the past. This trend is probably due to the poor, unknown quality and to the high cost of traditional street drugs. This trend is expected to continue in the Atlantic provinces for several years. Cocaine has received a great deal of attention from the media. However, while its availability has increased in Nova Scotia, it is still used by only a very small number of people compared to the number using the other drugs mentioned.

In response to the rising demand for information on all aspects of drugs and their effects, various measures to improve the efficiency and the number of information sessions were studied. Development of pamphlets and drug charts and video-tapes on selected topics appeared to be a realistic means of getting the information out to the interested audiences. These measures will be explored and developed more fully during the coming year.

Cape Breton Regional Program

1981 was a year of intensive rehabilitation activities. Assessment of patients for treatment planning was emphasized in all treatment programs; this resulted in a Treatment Assessment Team, under the direction of the Manager of Treatment Services.

Many community-based programs on education and prevention were initiated. As a result, numerous hospitals, schools, and community service agencies and volunteers became directly involved in inservice training.

Treatment and Rehabilitation

Primary Care — Detox, Assessment and Treatment Orientation. The Detox Unit has 20 beds, four of which are used for female patients. The length of patient's stay depends on the drug used, for example, for alcohol, the stay is 8 to 10 days; for minor tranquillizers (Valium), it is four to five weeks; for marijuana it is about two weeks.

Aftercare — (Inpatient). The Short-Term 28-Day Program is

designed for a maximum of 15 participants, who are able to return to the community on weekends.

During 1981, staff continued to provide recreational therapy, creative therapy, individual counselling, and family education.

Aftercare — (Outpatient). This service continued to offer comprehensive, continuous, ongoing care to clients on an individual, family, or group therapy basis. The Educational Treatment Program was restructured to allow for more variety of content and more exposure to community members. The protective therapy service was continued for clients who were assessed and who qualified under the existing criteria.

In 1981, the outpatient clinics also introduced a family education series, offered weekly for 12 sessions to spouse, children, relatives, and friends of the drug-addicted person. As well, it formated teams within the Department to ensure more efficient work and service to clients and to promote a more decentralized program and follow-up closer to home.

Park House

The primary role of the halfway house is to offer the person who is recovering from a drug dependency a supportive atmosphere in a community setting.

The regular program of individual counselling, group therapy and follow-up service was continued in 1981.

A stress management series was implemented to make residents aware of what stress is and how to cope with it. The program is geared to help residents handle stressful situations in a positive manner, instead of resorting to drugs or alcohol or both.

Rural Satellite Programs

Follow-up programs include counselling, family and community education and general information sessions. During 1981, rural areas received follow-up programs from the community health workers and the therapists of the Outpatient Services. Programs were offered in North Sydney, Sydney Mines, North of Smokey, Port Hawkesbury, Inverness County, Baddeck, Whycocomagh, with extensions of services to L'Ardoise and St. Peters.

Local Committees

Voluntary local committees operated in 14 communities and areas this year: Baddeck, Cheticamp, Glace Bay, Inverness, Isle Madame/Louisdale, Louisbourg, New Waterford, North of Smokey, North Sydney, Port Hawkesbury, Port Hood/Judique, St. Peters' and Sydney Mines. Some activities during the year were: mall displays, increased co-operation with Alcoholics Anonymous and Al-Anon groups, essay contests, inservice programs for teachers, inservice programs for local committee members.

Student Placement

For the second consecutive year, students from the Sydney City Hospital (nursing students), Dalhousie School of Social Work (B.S.W. students), and the Community Studies Program of the College of Cape Breton were placed in the field.

Industrial Program

During 1981, the main focus of the Employee Assistance Program was policy development. Other activities included assistance to C.N. Marine in establishing its pilot training projects, attendance at Input '81, membership in the newly-established Nova Scotia Employee Assistance Program Association, and developmental work with five community hospitals.

North Shore Regional Program

Treatment services utilization increased during 1981. Despite staff shortages and extended illnesses, the staff were able to link patients to aftercare facilities and the self-help groups.

In the spring, all participating staff were formally presented with their Unit of Achievement Certificates from St. Francis Xavier University, signifying successful completion of the Core Knowledge Program.

In September, 1981, Recovery House closed its doors. The possibility of reopening is now being explored.

Treatment and Rehabilitation

Primary Care — Detox, Assessment and Treatment Orientation. Admissions to Pictou Detoxification Unit increased by 9 percent over 1980.

Utilization of services by county was as follows:

Pictou County	— 44%
Cape Breton	— 15%
Antigonish County	— 14%
Colchester County	— 13%
Cumberland County	— 8%
Guysborough County	— 4%
Elsewhere	— 2%

Linkage from our Primary Care Unit to other Commission services reached 65.8 percent, a high rate.

After Care — Outpatient. All outpatient clinics had heavier caseloads in 1981. A new outpatient clinic began functioning in Guysborough Town one day per week. Individual counselling was the predominant mode of therapy while family therapy sessions increased considerably. Linkage from Commission outpatient clinics to self-help groups was 44 percent in 1981. Linkage from outpatient clinics to other community agencies was 13.3 percent.

After Care — In-Patient Recovery House. During 1981, Recovery House received an $85,000 grant from the Commission on Drug Dependency.

Recovery House Program was closed down by the Recovery House Board in September. As a result, candidates for short-term treatment in the North Shore Region are being sent to other programs in the province.

A reconstruction committee was formed, comprised of two representatives from the Recovery House Board and two representatives from the North Shore Program. The Regional Coordinator was requested to prepare a working paper for discussion of reconstruction of the Recovery House Program. This paper was completed November 20, 1981.

After Care — In-Patient R.A.M.P. In 1981, the Rehabilitation of Alcoholic Manpower in Pictou County (R.A.M.P.) Program received continuing input from the North Shore staff in terms of treatment and operation. The R.A.M.P. project experienced a difficult year due to the

poor performance of the Nova Scotia fishing industry, i.e., there were significant lay-offs. Prospects for the spring look better.

Drug Awareness Week

Media coverage during 1981 Drug Awareness Week was as follows:

- People involved included full-time staff and volunteers.
- Television — 20 exposures on 4 cablevision stations for a total of 4 hours and 10 minutes during the week.
- Radio — 298 exposures for a total time of 6 hours and 33 minutes over 4 radio stations.
- Newspapers — 20 exposures in 6 newspapers (3 dailies and 3 weeklies).

The above exposures were generated in the North Shore Region and do not include arrangements made by the Human Resources Division at the provincial level. No monies were required to generate these media exposures other than man-hour costs of staff.

Industrial Programming

All Saints Hospital in Springhill formalized its Employee Assistance Program. Sunset Residential Center in Pugwash prepared an Employee Assistance Program policy. Michelin Canada, which already has a program, requested that 1,600 of its staff in Pictou County receive a Drug Awareness Program relating to drug dependency and its effects in the workplace and in the family. Plans were made to initiate this program.

Human Resources

Over 17,000 pieces of literature were distributed throughout the region. Treatment staff was still being heavily used as a support to the field representative.

Drug Awareness Programs. The following categories received programs in the past year: service clubs, schools, teachers groups, St. Francis Xavier University student counsellors, health agencies such as St. John Ambulance, and the Armed Forces.

Senior nurses at St. Martha's Hospital and at the Aberdeen Hospital Schools of Nursing continued to participate in a field placement at the Pictou Detox Centre.

Local Committees

Springhill Local Committee called IMPACT received a $6,000 federal grant to carry out drug awareness programs in the Springhill area of Cumberland County. Both Antigonish and Springhill local committees were actively engaged in community awareness programming during the year, but especially during Drug Awareness Week.

Metropolitan/Lunenburg Regional Program

During the past year, the Commission on Drug Dependency extended its network of treatment services into Lunenburg County. An Outpatient Clinic located in the Provincial Building in Bridgewater was officially opened on September 9, by the Chairman of the Commission on Drug Dependency on behalf of the Minister.

This was an event long talked about and discussed by the South Shore residents and it realized a dream that the Commission's Bridgewater Local Committee on Drug Dependency had worked towards for many years.

The staff in this clinic provide many services to drug-dependent persons, their families and the community at large, including:

- direct one-to-one counselling
- group counselling and group discussions
- assessment and referral
- education and prevention programs
- employee assistance consultation and referral.

In keeping with its commitment to expand its volunteer base and to assist the Metro/Lunenburg Regional Board in education and prevention, a local committee on drug dependency was established in the Eastern Shore. It covers the area from Lake Echo to Ship Harbour. Future plans would include developing outpatient clinics linked to the three hospitals in Musquodoboit Harbour, Middle Musquodoboit and Sheet Harbour.

The 5-day Treatment Orientation Program, located in the primary care setting, was expanded to 12 beds from 8 during the year. This Monday to Friday program was initiated in this region with Commission approval in 1977. It orientates clients to their drug-dependent

condition and focuses on putting them in touch with ongoing counselling, treatment and referral.

Treatment and Rehabilitation

Staff implemented a Commission objective of carrying out in-depth assessments on patients being admitted to Primary Care. In time, these assessments should help staff link patients more appropriately to other treatment programs and after-care services.

Staff also provided evening programs to try to meet the variety of needs of the clientele. These focused on:

- youth — discussion meetings were held for young adults trying to stay away from drugs
- couples — focus was educational or insightful
- follow-up — designed for those recovering from alcoholism
- wives — intended to help them understand alcoholism and remedial strategies they can employ
- parents — short education programs were held to help parents whose children are misusing drugs
- family and friends — designed to educate family and friends of clients in treatment

Valley Health Services Association Program

Treatment Setting

The Valley Health Services Association operates two separate units for the treatment and rehabilitation of alcoholic and drug abuse problems. Both the Detoxification Unit and the 28-day Rehabilitation Program are located at the Miller Hospital in Kentville.

The Alcoholism and Drug Abuse Treatment Program provides the following services:

- 24-hour emergency service
- complete medical evaluation
- detoxification
- individual treatment and rehabilitation

- group therapy
- family therapy
- introduction to Alcoholics Anonymous and Al-Anon
- complete referral service
- community liaison and education
- Employee Assistance Program
- outpatient counselling
- consultation
- Aftercare Program

Detox Unit

This 5-bed unit provides an opportunity for the patient to interrupt his or her drinking cycle. A complete physical examination is done and continuous nursing and medical care is provided. The patient's individual needs and motivation towards further treatment are assessed. An important part of the process is individual counselling.

28-Day Program

In a family-like atmosphere, individual, group and marital counselling sessions complement a highly structured educational and activities program. Patients learn to understand their illness, as well as more effective ways of organizing their lives and of coping with stress. They begin the process of returning to effective functioning with family, friends, employers and society. The program can accommodate 10 inpatients and several outpatients.

Satellite Offices

These are located at:

- Soldier's Memorial Hospital, Middleton, Nova Scotia. Contact Iva Gale at 825-3411 (office) or 665-2544 (home).
- Hants Community Hospital, Windsor, Nova Scotia. Contact Reg Brown at 798-8351 (office) or 798-4787 (home).

Staffing

A professional staff of 16 assists the Regional Coordinator.

Medical Staff

Detoxification is viewed as primarily a medical problem and is treated as such. The Unit's medical component is headed by a Medical Director. A roster of local general practitioners provide 24-hour coverage.

Western Regional Program

In 1981, drug dependency programs came closer to fulfilling the original mandate of providing follow-up services in each county of the Western Region. On April 1, the Queens County Referral Centre officially became part of the Commission's Western Aftercare Program. The centre continues to provide the services of a therapist, community health worker and receptionist to the people of Queens. In December, the Minister of Health announced the addition of a Community Health Worker to begin providing follow-up services to Shelburne County residents.

Following three years of providing detox and rehabilitation services, Yarmouth Regional Hospital began design of a new and enlarged facility. Such a facility would provide for expansion from the present six-bed unit to 16 as well as new facilities for the Commission's aftercare, administration and public education programs.

Public awareness programs and local committee activity continued to grow with the addition of a new local committee in Barrington; seven local committees now exist in the Western Region.

Commission services in this region have been greatly complemented by the expansion and strengthening of self-help groups such as Alcoholics Anonymous and Al-Anon during the three years since the inception of the Western Regional Drug Dependency Program.

CLIENT STATISTICS

Table 1
Selected Client Characteristics by Region

Characteristics	Cape Breton (%)	North Shore (%)	Metropolitan/ Lunenburg (%)	Valley (%)	Western (%)
Age					
Under 15	0.4	0.1	0.3	—	—
15-18	2.2	2.8	0.9	0.6	2.4
19-24	7.1	8.2	7.7	5.8	11.5
25-34	21.2	20.1	24.9	19.6	27.3
35-44	25.8	24.5	26.1	24.5	25.5
45-54	22.0	22.1	20.5	27.4	18.0
55-64	14.3	13.6	13.7	14.4	11.8
65 +	6.5	6.5	4.6	7.5	3.5
No age given	0.5	1.9	1.3	0.3	0.0
Total (N)	1244	1445	1508	347	451
Sex					
Male	87.6	84.4	85.1	84.1	75.2
Female	11.9	15.4	14.2	15.6	24.6
No data	0.5	0.2	0.7	0.3	0.2
Total (N)	1244	1445	1508	347	451
Labor Force Participation					
Employed full-time	34.2	42.2	35.7	41.5	31.9
Employed part-time	4.3	1.5	1.5	2.9	9.3
Homemaker	3.9	4.6	2.4	2.3	11.3
Student	2.6	3.8	1.3	0.3	4.7
Retired/disabled	12.2	8.0	4.4	9.5	5.1
Unemployed	30.9	28.7	35.6	39.8	25.7
Other	2.8	0.8	1.4	2.3	9.8
No data	9.2	10.5	17.6	1.4	2.2
Total (N)	1244	1445	1508	347	451

Table 2
Client's County of Residence by Region

County	Cape Breton	North Shore	Metropolitan/ Lunenburg	Valley	Western
Annapolis	—	2	3	47	3
Antigonish	7	187	9	—	—
Cape Breton	914	22	21	—	1
Colchester	—	290	20	7	—
Cumberland	2	191	7	—	—
Digby	—	—	3	11	102
Guysborough	5	52	4	—	—
Halifax	7	26	1123	21	3
Hants	1	19	41	73	1
Inverness	105	88	—	—	—
Kings	6	3	4	158	1
Lunenburg	2	1	116	12	8
Pictou	3	505	16	4	1
Queens	1	—	10	1	118
Richmond	42	28	1	—	—
Shelburne	—	—	8	7	46
Victoria	120	5	—	—	—
Yarmouth	3	3	9	6	167
Elsewhere/no data	26	23	113	—	—
Total	1244	1445	1508	347	451

Table 3
Number of Detox Admissions by Sex and by Old vs. New Clients[1]
Cape Breton

Number of Detox Admissions	Male		Female		Missing Data	Total
	Old	New	Old	New		
1	317	183	26	29	2	557
2	98	39	7	8	—	152
3	39	7	5	—	—	51
4	10	3	2	1	—	16
5	3	1	—	—	—	4
Total	467	233	40	38	2	780

[1]In this and subsequent tables, old clients are those who received treatment in any regional facility in 1981 *and* prior to 1981. New clients first received treatment in a regional facility in 1981.

Note: There were 1098 detox admissions.

Table 4
Number of Clients in Each Treatment Program by Sex and by Old vs. New Clients
Cape Breton

Treatment Program	Male		Female		Missing Data	Total[1]
	Old	New	Old	New		
28-Day Program Treatment	67	46	10	5	—	28
Orientation Program						
In-patient	297	183	32	28	1	541
Day-patient	28	40	1	10	—	79
Outpatient Dept. & Field Offices	420	149	70	37	3	679
Park House	20	8	8	—	—	36
Talbot House	46	14	—	—	—	60

[1] Since clients may attend more than one program, the sum of the total column is *not* equal to the total number of clients in all treatment programs tabulated.

Table 5
Number of Clients and Contacts by Sex, Out-patient Department and Field Offices Cape Breton

	Male		Female	
Location	Clients	Contacts	Clients	Contacts
Outpatient Dept.	280	2138	64	527
Port Hawkesbury	65	576	7	105
North of Smokey	68	568	9	55
Inverness	28	290	3	32
Glace Bay	67	637	6	123
Sydney	56	295	19	132
Northside/Victoria	117	674	27	150

Table 6
Number of Detox Admissions by Sex and by Old vs. New Clients North Shore

Number of Detox	Male		Female		Missing	
Admissions	Old	New	Old	New	Data	Total
1	262	201	22	34	2	521
2	96	31	13	6	—	146
3	37	9	3	2	—	51
4	17	—	2	—	—	19
5	5	—	—	—	—	5
6 or more	4	1	1	—	—	6
Total	421	242	41	42	2	748

Note: There were 1,106 detox admissions.

Table 7
Number of Recovery House and Out-patient Clients by Sex and by Old vs. New Clients North Shore

Treatment Program	Male Old	Male New	Female Old	Female New	Missing Data	Total
Recovery House[1]	70	56	3	11	—	140
Out-patient Offices	700	292	119	83	2	1196
Treatment Orientation						
In-patient	97	85	6	18	—	206
Day-patient	9	6	2	1	—	18

[1] This program operated from January 1981 through September 1981.

Table 8
Number of Clients and Contacts by Sex, Out-patient Department and Field Offices North Shore

Location	Male Clients	Male Contacts	Female Clients	Female Contacts	Missing Data Clients	Missing Data Contacts
Pictou	326	2142	51	250	—	—
Amherst	150	2147	37	390	—	—
Antigonish	190	1662	40	518	—	—
Truro	257	2388	68	757	1	7
New Glasgow	331	2994	54	418	—	—

Table 9
Number of Detox Admissions by Sex and by Old vs. New Clients Metropolitan/Lunenburg

Number of Detox Admissions	Male		Female		Missing Data	Total
	Old	New	Old	New		
1	293	270	44	34	3	644
2	97	35	12	9	1	154
3	47	9	4	1	1	62
4	23	—	2	—	—	25
5	16	2	1	—	—	19
6+	21	1	1	—	—	23
Total	497	317	64	44	5	927

Note: There were 1,496 detox admissions.

Table 10
Number of Clients in Each Treatment Program by Sex and by Old vs. New Clients Metropolitan/Lunenburg

Treatment Program	Male		Female		Missing Data	Total[1]
	Old	New	Old	New		
28-Day Program						
In-patient	80	78	15	14	—	187
Day-patient	3	—	1	2	—	6
Treatment Orientation						
In-patient	158	173	24	23	—	378
Day-patient	4	11	—	1	—	16
Out-patient Offices						
Dartmouth	91	61	61	34	1	248
Halifax	388	166	62	33	6	655
Cobequid	23	14	2	5	—	44
Bridgewater[2]	18	55	1	17	1	92

[1] Since clients may attend more than one program, the sum of the total column is not equal to the total number of clients in all treatment programs tabulated.

[2] The Bridgewater office was officially opened in September, 1981.

Table 11
Number of Clients and Contacts by Sex,
Out-patient Offices
Metroplitan/Lunenburg

Location	Male		Female		Missing Data	
	Clients	Contacts	Clients	Contacts	Clients	Contacts
Metro Drug Dependency Centre	152	629	95	631	1	11
Halifax	554	4160	95	755	6	14
Cobequid	37	232	7	26	—	—
Bridgewater	73	568	18	187	1	9

Table 12
Number of Detox Admissions by Sex
Miller Hospital, Valley

Number of Detox Admissions	Male	Female	Missing Data	Total
1	171	29	1	201
2	32	6	—	38
3	7	1	—	8
4	4	—	—	4
5	1	—	—	1
6+	2	—	—	2
Total	217	36	1	254

Note: There were 335 detox admissions.

Table 13
Number of Clients in Each Treatment Program by Sex
Valley

Program	Male	Female	Total
Crosbie House (28-day Program)	114	17	131
Outpatient Services	38	11	49

Table 14
Number of Clients and Contacts by Sex, Outpatient Offices
Valley

Location	Male		Female	
	Clients	Contacts	Clients	Contacts
Kentville	15	47	3	10
Middleton	24	256	8	92

Table 15
Number of Detox Admissions by Sex, by Old vs. New Clients
Western

Number of Detox Admissions	Male		Female		Missing Data	Total
	Old	New	Old	New		
1	50	121	5	15	1	192
2	14	11	1	1	—	27
3	3	2	—	—	—	5
Total	67	134	6	16	1	224

Note: There were 261 detox admissions.

Table 16
Number of Clients in Each Treatment Program by Sex and by Old vs. New Clients
Western

Program	Male		Female		Missing Data	Total
	Old	New	Old	New		
Treatment Orientation Program	33	109	4	13	1	160
Outpatient Services	139	153	50	57	1	400

Table 17
Number of Clients and Contacts by Sex, Out-patient Offices Western

Location	Male		Female		Missing Data	
	Clients	Contacts	Clients	Contacts	Clients	Contacts
Yarmouth	218	1713	104	1061	1	1
Queen's County	58	571	68	771	—	—
Digby	49	478	11	71	—	—